



MEDICAL CERTIFICATE

*The Runner Mr/Mrs _____
has been examined by the undersigned and has been found in a good physical condition,
which allows his/her participation in the SPARTATHLON Race (Athens – Sparta, 245-km
36 hours duration).*

Name of M.D.: _____

Medical Specializaton: _____

Doctor Signature and Seal

*CAUTION: It is most imperative that the runner must hand over this document upon
his/her final registration in Greece or send it by email to info@spartathlon.gr,
otherwise the I.S.A. will not allow the runner to participate in the race.*

Health certificate requested need to be issued within 3 months before the race.

Date of certificate _____